#### PATENT COOPERATION TREATY



# **PCT**

## INTERNATIONAL PRELIMINARY EXAMINATION REPORT

(PCT Article 36 and Rule 70)

Applicant's or agent's file reference 25224 WO	FOR FURTHER ACTION		cation of Transmittal of International Examination Report (Form PCT/IPEA/416)
International application No. PCT/EP2003/008229	International filing date (day/n 25 July 2003 (25.07)		Priority date (day/month/year) 26 July 2002 (26.07.2002)
International Patent Classification (IPC) or n A61K 38/18	ational classification and IPC		
Applicant	EPOPLUS GMBH &	CO. KG	
and is transmitted to the applicant a  2. This REPORT consists of a total of  This report is also accompan amended and are the basis for 70.16 and Section 607 of the	ccording to Article 36.  10 sheets, including the day and the sheets of the sheet of the sheets of the sheet	ng this cover s of the description	sheet.  on, claims and/or drawings which have been ations made before this Authority (see Rule
IV Lack of unity of in  V Reasoned statemen citations and expla  VI Certain documents  VII Certain defects in t	of opinion with regard to novel vention at under Article 35(2) with regar nations supporting such stateme	d to novelty, in	tep and industrial applicability nventive step or industrial applicability;
Date of submission of the demand 26 February 2004 (26.0		of completion	of this report ovember 2004 (17.11.2004)
Name and mailing address of the IPEA/EP		orized officer	

Form PCT/IPEA/409 (cover sheet) (July 1998)

Translation

International application No.

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	of the rep		
1. With	regard to	the elements of the international application:*	1
	the inter	national application as originally filed	
$\overline{\boxtimes}$	the desc	ription:	
	pages	1-27, 29-59	, as originally filed
	pages		, filed with the demand
	pages	, filed with the letter of	18 October 2004 (18.10.2004)
M	the clair	ms <sup>,</sup>	
	pages		, as originally filed
	pages .	, as amended (together	with any statement under Article 19
	pages		, filed with the demand
	pages	1-43, filed with the letter of	18 October 2004 (18.10.2004)
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	the drav		, as originally filed
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in and	This rebeyond this report 70.17).	the description, pages the claims, Nos the drawings, sheets/fig eport has been established as if (some of) the amendments had not been made, at the disclosure as filed, as indicated in the Supplemental Box (Rule 70.2(c)).**  It sheets which have been furnished to the receiving Office in response to an invitant as "originally filed" and are not annexed to this report since they do in the sheet containing such amendments must be referred to under item 1 and any	tation under Article 14 are referred to not contain amendments (Rule 70.16

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III. Non	III. Non-establishment of opinion with regard to novelty, inventive step and industrial applicability						
1. The indus	questions whether the claimed invention appears to be novel, to involve an inventive step (to be non obvious), or to be trially applicable have not been examined in respect of:						
	the entire international application.						
$\boxtimes$	claims Nos24-32, 38-43						
becau	ise:						
$\boxtimes$	the said international application, or the said claims Nos. 24-32, 38-43 relate to the following subject matter which does not require an international preliminary examination (specify):						
	the description, claims or drawings (indicate particular elements below) or said claims Nosare so unclear that no meaningful opinion could be formed (specify):						
	the claims, or said claims Nos are so inadequately supported by the description that no meaningful opinion could be formed.						
	no international search report has been established for said claims Nos						
2. A me	caningful international preliminary examination cannot be carried out due to the failure of the nucleotide and/or amino acid ence listing to comply with the standard provided for in Annex C of the Administrative Instructions:						
	the written form has not been furnished or does not comply with the standard.						
	the computer readable form has not been furnished or does not comply with the standard.						
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IV. Lack of unity of invention					
In response to the invitation to restrict or pay additional fees the applicant has:					
restricted the claims.					
paid additional fees.					
paid additional fees under protest.					
neither restricted nor paid additional fees.					
This Authority found that the requirement of unity of invention is not complied with and chose, according to Rule 68.1, not to invite the applicant to restrict or pay additional fees.					
3. This Authority considers that the requirement of unity of invention in accordance with Rules 13.1, 13.2 and 13.3 is					
complied with.					
not complied with for the following reasons:					
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·					
<ol> <li>Consequently, the following parts of the international application were the subject of international preliminary examination in establishing this report:</li> </ol>					
all parts.					
the parts relating to claims Nos.					
•					

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Supplemental Box

(To be used when the space in any of the preceding boxes is not sufficient)

Continuation of: Boxes III.1 and IV

#### Box III

1. Claims 24 to 32 and 38 to 43 relate to subject matter which, in the opinion of this Authority, falls under PCT Rule 67.1(iv). Consequently no expert opinion has been established regarding the industrial applicability of the subject matter of these claims (PCT Article 34(4)(a)(i)).

#### Box IV

- The Examining Authority has determined that this international application contains multiple inventions or groups of inventions which are not linked by a single general inventive concept (PCT Rule 13.1). These are as follows:
  - 1. Claims 1-14, 24-28, 29-32 (in part) and 33-43:

Use of EPO in a dose of 500 to 2000 units per week per patient for the stimulation of endothelial precursor cells and for the treatment of diseases; also corresponding pharmaceutical compositions.

Claims 15-23 and 29-32 (in part):

Use of EPO for the production of transplantable endothelial cell preparations, for the production of cell-containing organ and tissue systems, and for the production of heart valves.

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Supplemental Box

(To be used when the space in any of the preceding boxes is not sufficient)

Continuation of: Boxes III.1 and IV

The reasons for this are as follows:

Judging from the claims and the description, the problem addressed by the present invention is that of providing agents and methods for improved stimulation of endothelial precursor cells and for the treatment of related diseases, and of providing endothelial cell preparations. The proposed solution involves the administration of EPO in general, and also a dose of 500 to 2000 units of EPO per week per patient. Thus, a priori, there is no unity of invention. Irrespective of this, mitogenic and migratory effects of EPO on endothelial cells and its angiogenic effect are described in WO 98/10650 A, US-A-5 980 887, BUEMI M et al. (J. Nephrol.) and KRAUSE K et al. (European Heart Journal). Since the use of EPO for the stimulation of endothelial cells - including the formation of new blood vessels - is already known, there is no general inventive concept linking inventions 1 and 2. The application fails to meet the requirement of unity of invention (PCT Rule 13.1) because there is no technical relationship between the inventions involving one or more of the same or corresponding special technical features (PCT Rule 13.2).

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Reasoned statement under Article 35(2) with regard to novelty, inventive step or industrial applicability;
 citations and explanations supporting such statement

Statement			
Novelty (N)	Claims	1-23, 29-32, 43	YES
	Claims	24-28, 33-42	NO
Inventive step (IS)	Claims	1-3	YES
	Claims	4-23, 29-32, 43	NO
Industrial applicability (IA)	Claims	1-23, 33-37	YES
	Claims		NO

#### 2. Citations and explanations

- 3. Reference is made to the following international search report citations and to the passages indicated in the search report:
  - D1: WO 03/057242 A
  - D2: WO 02/14356 A
  - D3: US 2002/065214 A1
  - D4: WO 00/61164 A
  - D5: WO 98/10650 A
  - D6: US-A-5 980 887
  - D7: NEPHROLOGY DIALYSIS TRANSPLANTATION, Vol. 12(9), 1997, page A190
  - D8: JOURNAL OF NEPHROLOGY, 2002, ITALY, Vol. 15, No. 2, 2002, pages 97-103
  - D9: INTERNATIONAL JOURNAL OF HEMATOLOGY, Vol. 70, No. 1, pages 1-6
  - D10: EUROPEAN HEART JOURNAL, Vol. 22, No. Abstract
    Supplement, September 2001 (2001-09), page 154
  - D11: NEPHROLOGY DIALYSIS TRANSPLANTATION, Vol. 10(2), pages 74-79
  - D12: DATABASE BIOSIS [online]; 2002, KASHIWAGI M et al.: "Hypertension in a pregnancy with renal anemia after recombinant human erythropoietin (rhEPO) therapy"

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- D13: DATABASE BIOSIS [online]; 1997, CONRAD KIRK P et al.: "Placental cytokines and the pathogenesis of preeclampsia"
- D14: WO 03/037273 A
- DATABASE EMBASE [online]; 2000, CASES A: D15: "Recombinant human erythropoietin treatment in chronic renal failure: Effects on hemostasis and vasculature"
- DATABASE MEDLINE [online]; 1996, BRAGA J et al.: D16: "Maternal and perinatal implications of the use of human recombinant erythropoietin"
- D17: WO 02/085940 A
- DATABASE BIOSIS [online]; 2001, ARCASOY MURAT O D18: et al.: "Erythropoietin (EPO) stimulates angiogenesis in vivo and promotes wound healing"
- D19: WO 89/07944 A
- WO 92/15323 A D20:
- D21: US-A-4 992 419
- D22: US-A-5 198 417
- DATABASE BIOSIS [online]; 1998, ALVAREZ ARROYO D23: MARIA VICTORIA et al.: "Role of vascular endothelial growth factor on erythropoietinrelated endothelial cell proliferation"
- Document D1 discloses the use of EPO for the treatment 3.1 of heart failure. Assuming that the priority claim is valid, D1 is not regarded as prior art for the purposes of the international preliminary examination.
- Document D2 describes the use of EPO for the treatment 3.2 of chronic heart failure, including in conjunction with kidney failure, with 5, 75, 150 and 200 IU (international units) per kilogram, once to three times a week (claims 35 and 36).

- 3.3 Document D3 discloses the use of EPO in conjunction with an iron compound to improve the functioning of the heart. The dose is 500 to 10000 IU per week.
- 3.4 Document D3 discloses pharmaceutical compositions containing EPO for the prevention of hypotonia, ischemia, heart attacks and inflammation.
- 3.5 Document D5 describes how certain doses of EPO protect endothelial cells from damage, and how it has been shown that EPO has a mitogenic and migratory effect on endothelial cells, which is a key step for angiogenesis. Types of damage that can be treated by the invention also include those caused by inflammation, heart diseases and atherosclerosis. EPO is used to treat anaemia (in conjunction with chronic kidney failure).
- 3.6 Document D6 describes a method for treating damaged blood vessels, in which EPO is administered as an endothelial cell mitogen, and endothelial precursor cells are isolated and re-administered. The method can also be used to treat various types of ischemia (e.g. renal).
- 3.7 Document D7 describes the protective effect of EPO against atherosclerosis in hypercholesterolemic rabbits.
- 3.8 Document D8 describes the role of rEPO in chronic inflammatory diseases (neopterin reduction) and the stimulation of endothelial cells (angiogenesis), apart from the usual treatment of anaemia (in patients with chronic kidney failure). There are indications that EPO is suitable for wound healing. The synergy of VEGF and EPO is also described.
- 3.9 Document D9 discloses the angiogenic activity of EPO

and the stimulation of the proliferation and migration of endothelial cells.

- 3.10 Document D10 discloses the angiogenesis potential of EPO.
- 3.11 Document D11 describes the connection between EPO treatment and high blood pressure.
- 3.12 Document D12 shows that EPO treatment increases blood pressure in pregnant women.
- 3.13 Document D13 discloses a hypothesis linking preeclampsia with placental cytokines.
- 3.14 Document D14 discloses the use of EPO for the treatment of acute ischemic kidney failure, involving subpolycythemic doses. The treatment results in cell repair (example 6). Assuming that the priority claim is valid, D14 is not regarded as prior art for the purposes of the international preliminary examination.
- 3.15 Documents D15 and D16 disclose the use of EPO for the treatment of chronic kidney failure.
- 3.16 Document D17 discloses EPO derivatives for the treatment of various diseases, including wound healing, kidney insufficiency, cardiovascular diseases and rejection reactions.
- 3.17 Document D18 shows that EPO has a pro-angiogenic effect and promotes wound healing.
- 3.18 Document D19 discloses neovascularisation implants which can be coated with cells that produce EPO.

- 3.19 Document D20 discloses a method for increasing the cell population by ex vivo stimulation with a morphogen. EPO is one of the relevant factors in the haemopoietic system.
- 3.20 Document D21 discloses pharmaceutical compositions containing EPO and L-arginine.
- 3.21 Document D22 discloses the co-administration of EPO and GM-CSF.
- 3.22 Document D23 discloses the synergistic interaction of EPO and VEGF.

### 4. Novelty

- 4.1 Claims 1 to 14 relate to the use of erythropoietin in the production of a pharmaceutical composition containing a dose of 500 to 2000 units of EPO per week per patient for the treatment of various diseases. Since none of the cited documents disclose the use of such doses for the treatment of the diseases mentioned, the subject matter of claims 1 to 14 and of dependent claims 29 to 32 and claim 43 appears to be novel.
- 4.2 Claims 15 to 23 relate to the use of EPO in the production of transplantable endothelial cell preparations, the production of cell-containing organ and tissue systems, and the production of heart valves. Since none of documents D2 to D23 disclose methods of this type, the subject matter of these claims appears to be novel.
- 4.3 Claims 24 and 38 relate to the use of erythropoietin in a dose of 500 to 2000 units per week per patient

for the stimulation of endothelial cells and of vasculogenesis. However, since this definition also covers heart diseases and ischemias (e.g. D5 and D6, original claims), the subject matter of these claims and of claims 25 to 28 and 38 to 42 does not appear to be novel over (at least) documents D2 and D3.

4.4 Claims 33 and 34 relate to a pharmaceutical composition containing erythropoietin in a dose of 500 to 2000 units of EPO per week per patient, either alone or in conjunction with other active substances. Claim 34 does not appear to be novel over D2 or D3. Since it is not clear whether the claims relate to one-off doses, the subject matter of claims 33 to 37 also appears to lack novelty over documents D21, D22 and D23.

## 5. Inventive step

5.1 Claims 1 and 2 relate to the use of erythropoietin in the production of a pharmaceutical composition containing a dose of 500 to 2000 units of EPO per week per patient for the treatment of chronic or acute kidney insufficiency. Document D2 can be regarded as the closest prior art because it discloses the use of EPO for the treatment of renal anaemias due to chronic kidney insufficiency.

The application shows that using the claimed subpolycythemic doses to treat chronic or acute kidney insufficiency results in kidney tissue regeneration. Since the prior art treatment involves compensating for a lack of EPO in the body and at the same time increasing the haematocrit values, the use of subpolycythemic doses does not seem obvious.

5.2 Claim 3 relates to the use of erythropoietin in the production of a pharmaceutical composition containing a dose of 500 to 2000 units of EPO per week per patient for wound healing. Document D18, which is regarded as the closest prior art, discloses the angiogenic function of EPO in wound healing, and differs in that a different dose is used.

The problem addressed is that of providing an improved wound treatment. Since just such an effect is shown to be achieved, the subject matter of claim 3 appears to be inventive.

5.3 Claim 4 relates to the use of erythropoietin in the production of a pharmaceutical composition containing a dose of 500 to 2000 units of EPO per week per patient for the treatment of various diseases.

On the basis of documents D5 to D7 and D11 to D13, which disclose the treatment of the diseases in question with EPO, the problem addressed is that of providing an improved treatment. Since there is no indication of any actual improvement, the subject matter of claims 4 to 14, 29 to 32 and 43 does not appear to be inventive.

5.4 The subject matter of claims 15 to 23 has no supporting data in the description and appears to be an arbitrary use of the properties of EPO which are known from documents D5, D6, D8, D9, D10, D19 and D20, and therefore does not appear to be inventive.